

APPLICATION BY MEMBER TO CORRECT/CHANGE PERSONAL DETAILS ON FNPf RECORD

THIS FORM MUST BE COMPLETED WHENEVER A CHANGE OR CORRECTION IS REQUIRED FOR THE EXISTING RECORDS KEPT IN THE FUND, SUCH AS MEMBER'S NAME, FATHER'S NAME, DATE OF BIRTH AND/OR SIGNATURE.

INSTRUCTIONS

1. SIGNATURE CHANGE

If you wish to change your signature on FNPf records and all other information is same as that on your Birth Certificate or Marriage Certificate, you should complete all Sections. Original Marriage Certificate or Birth Certificate and Deed Poll for change of names through Deed Poll must be attached.

2. CHANGE/CORRECTION/ADDITION/DELETION OF NAME

You should complete all Sections.

- (a) Marriage Ground – Attach Original Birth Certificate and Marriage Certificate.
- (b) Divorce – Attach Decree Absolute.
- (c) Deed Poll – Attach certified copy of Deed Poll and Original Birth Certificate after Registration of CND entry.

3. CHANGE/CORRECTION/ADDITION/DELETION OF FATHER'S NAME OR MOTHER'S NAME

You should complete all Sections. Original Birth Certificate or Original Marriage Certificate must be attached.

4. CHANGE/CORRECTION OF DATE OF BIRTH

All the Sections must be properly completed. Original Copy of Birth Certificate must be attached.

5. WARNING: It is an offence, if any person, for any purpose connected with the FNPf Act:-

- (i) Knowingly makes any false statements or
- (ii) Produces or furnishes or causes or knowingly allows the producing or furnishing of any document which he or she knows to be false in material particular.

NOTE

Part 1 – 2 to be completed by Fiji National Provident Fund Officers Only

Part 3 – 7 to be completed by Member

Please supply copy of other certified documentary evidence such as Passport and Driver's Licence to clearly confirm your identity.

Enter MOTHER'S NAME where Birth Certificate does not show FATHER'S NAME.

All documents to be witnessed by a Commissioner for Oaths or District Officer.

All Correspondence to be addressed to the General Manager & Chief Executive

Head Office Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7611	Lautoka Drasa Avenue Private Mail Bag, Lautoka Telephone: (679) 666 1888 Facsimile: (679) 666 5232	Labasa Rosawa Street Private Mail Bag, Labasa Telephone: (679) 881 2111 Facsimile: (679) 881 2741	Valelevu Agency Valelevu Complex Building Saqa Place, Valelevu Telephone: (679) 3343 671 Facsimile: (679) 3343 670	Nadi Agency Shop 2 Lalidhar Arcade Namaka Lane, Nadi Telephone: (679) 672 8981 Facsimile: (679) 672 8982	Savusavu Agency Budget Lodge Building Ltd Main Street, Savusavu Telephone: (679) 885 3396 Facsimile: (679) 885 3397	Ba Agency Ganga Singh Street, Ba Telephone: (679) 667 0003
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Email: information@fnpf.com.fj

Website: www.myfnpf.com.fj

1. MEMBER'S DETAILS AS ON CURRENT RECORD (FOR OFFICE USE ONLY)

Name:.....

Father Name:.....

Member FNPF No.: Date of Birth:.....

INTERVIEW NOTES

.....

2. FOR OFFICE USE ONLY

To be completed by the Processing and Vetting Officer

- 1. Photo ID match : Yes / No
2. Employment History Confirmed : Yes / No
3. Relevant Documents are attached : Yes / No
4. Details vetted : Yes / No
5. Recommended for approval : Yes / No

If NO,

(a) Action Taken

Name:

Signature:

Date:

6. Approval / Amendments Logged By

Name:

Signature:

Date:

To be completed by the Employee Records Clerk

7. Form F.N.P.F. 7A Scanned : Yes / No

8. Letter & Card Sent to Member : Yes / No

9. Form F.N.P.F. 7A filed in Binder : Yes / No

Name:

Signature:

Date:

7. DECLARATION BY MEMBER

I,FNPF Membership Number
of solemnly
and sincerely declare the following:

(YEAR)

i. I joined the Fiji National Provident Fund in when I was employed at the
.....
(Name of Company)

ii. I was later employed by the following companies:-

<i>Name of Company</i>	<i>Period of Employment</i>
Employer 2
Employer 3
Employer 4
Employer 5
Employer 6
Employer 7
Employer 8

iii. That I am correcting/changing my *(place a tick in the box beside the detail(s) that need(s) to be corrected or changed)*

- Name from (old)
To (new)
- Father's Name from (old)
To (new)
- Date of Birth from (old) to (new)
- Signature from (old) to (new)

iv. The current records have changed because

.....
.....
.....

Declared at _____
on the _____
day of _____ 20 _____ before
me and I certify that the declaration was read over in the
_____ language to the declarant who appeared fully to
understand the meaning thereof.

_____ }
Member's Signature

Signature of (witness)
JP/Commissioner for Oaths/District Officer